

VICTIM SSN		COMPLAINANT SSN		1 <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		2 CASE # <b>025505</b>		3 SFX	
4 ORI # 0030100		5 DATE AND TIME OF THIS REPORT 09/30/03		6 AGENCY NAME Montgomery Police Department		7 IF SUPPLEMENT ORIGINAL OFFENSE DATE			
8 REPORTED BY <input checked="" type="checkbox"/> VICTIM OR		9 ADDRESS (STREET, CITY, STATE, ZIP)				10 PHONE ( )			
12 VICTIM (LAST, FIRST, MIDDLE NAME) POF J.C. Welch #361		13 ADDRESS (STREET, CITY, STATE, ZIP) 320 North Ripley Street Montgomery, AL 36104				14 PHONE (334) 241-2932			
15 EMPLOYER/SCHOOL City of Montgomery		16 OCCUPATION Police Officer		17 ADDRESS (STREET, CITY, STATE, ZIP) 320 North Ripley Street Montgomery, AL 36104		18 PHONE (334) 241-2932			
19 <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT		20 INJURY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		21 RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B		22 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		23 HGT 6'05"	
				24 WGT 210		25 DOB 10/26/71		26 AGE 31	
				27 WAS OFFENDER KNOWN TO VICTIM? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		28 VICTIM WAS (EXPLAIN RELATIONSHIP)		29 CODE	
30 TYPE INCIDENT OR OFFENSE Attempted Assault		31 DEGREE (CIRCLE) 1 2 3		32 UCR CODE		33 STATE CODE/LOCAL ORDINANCE 06I(13)			
34 TYPE INCIDENT OR OFFENSE <input type="checkbox"/> FEL. <input type="checkbox"/> MISD.		35 DEGREE (CIRCLE) 1 2 3		36 UCR CODE		37 STATE CODE/LOCAL ORDINANCE			
38 PLACE OF OCCURRENCE 565 North Eastern Boulevard Montgomery, AL (Kwik Shop)		39 SECTOR 212							
40 POINT OF ENTRY <input type="checkbox"/> DOOR <input type="checkbox"/> ROOF <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER		41 METHOD OF ENTRY <input type="checkbox"/> FORCIBLE <input type="checkbox"/> ATT. FORCIBLE <input type="checkbox"/> NO FORCE		42 ASSAULT <input type="checkbox"/> SIMPLE <input type="checkbox"/> AGGR.		43 TREATMENT FOR <input type="checkbox"/> Y <input type="checkbox"/> N ASSAULT INJURY <input type="checkbox"/> Y <input type="checkbox"/> N			
44 OCCURRED ON OR BETWEEN 09/30/03		45 TIME 0350		46 LIGHTING <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> MOON <input checked="" type="checkbox"/> ART. EXT <input type="checkbox"/> ART. INT <input type="checkbox"/> UNK.		47 WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> HAIL <input type="checkbox"/> UNK.		48 PREMISE <input type="checkbox"/> HWY.-ST.-ALLEY <input type="checkbox"/> RAILROAD <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CHURCH <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> CONVENIENCE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STA.	
49 VERIFY FOR RAPE EXAM <input type="checkbox"/> N		50 TREAT. FOR RAPE EXAM <input type="checkbox"/> N		51 CIRCUMSTANCES HOMICIDE & ASSAULT LOCATION: RAPE		52 CODE		53 WEAPON USED <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS, FISTS, VOICE, ETC. <input checked="" type="checkbox"/> OTHER DANGEROUS	
54 WEAPON USED		55 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE 1989 Jeep Cherokee		56 HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> UNKNOWN					
57 QUANTITY		58 STOLEN, RECOVERED, LOST, FOUND OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.) Initial Unit 446/Hall		59 DOLLAR VALUE STOLEN DAMAGED DATE VALUE		60 RECOVERED DATE VALUE			
61 MOTOR VEHICLE		62 CURRENCY, NOTES		63 JEWELRY		64 CLOTHING/FURS		65 FIREARMS	
66 OFFICE EQUIPMENT		67 ELECTRONICS		68 HOUSEHOLD		69 CONSUMABLE GOODS		70 LIVESTOCK	
71 MISCELLANEOUS		72 CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> SUSPECT'S VEH. <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		73 # STOLEN 3A8297C		74 LIC. AL		75 LIS. 2003	
76 TAG COLOR Red/White		77 VIN 1J4FT58L1KL454041		78 VYR 1989		79 VMA Amer		80 VMO Che	
81 VST SU		82 VCD: TOP: Red BOTTOM: Red		83 ADDITIONAL DESCRIPTION		84 WARRANT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO #			
85 STOLEN MTR. VEH ONLY <input type="checkbox"/> BUS. <input type="checkbox"/> RES. <input type="checkbox"/> RUR.		86 AREA STOLEN VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		87 AUTO INSURER NAME (COMPANY) ADDRESS (STREET, CITY, STATE, ZIP)		88 PHONE ( )			
89 MOTOR VEH. RECOVERY ONLY REQUIRED FOR 24hr UCR CODE		90 STOLEN IN YOUR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?		91 RECOVERED IN YOUR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?					

TYPE OR PRINT IN BLACK INK

ACJIC-32 REV 8-02

INCHES

5 7/7 6

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

<b>INCIDENT/OFFENSE REPORT CONTINUED</b>		<b>95 DATE AND TIME OF REPORT</b> 09/30/03 0505		<b>96 CASE #</b> 025505		<b>97 SFX</b>		<b>98</b> <input checked="" type="checkbox"/> OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> CHECK IF MULTIPLE	
<b>99 NAME (LAST, FIRST, MIDDLE)</b> Wermuth, Robert				<b>100 NICKNAME/ALIAS</b>		<b>101 RACE</b> <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> I		<b>102 SEX</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
<b>106 ADDRESS (STREET, CITY, STATE, ZIP)</b> 948 Garland Drive Montgomery, AL				<b>106 HGT</b> 6'03"		<b>107 WGT</b> 170		<b>108 EYE</b> Bro	
<b>111 PROBABLE DESTINATION</b> M.C.D.F.				<b>112 ARMED</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK.		<b>109 HAIR</b> Blk		<b>110 COMPLEXION</b> Light	
<b>114 CLOTHING</b> Red tee shirt, black jeans				<input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS		<b>115 WEAPON</b> <input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED			
<b>116 NAME (LAST, FIRST, MIDDLE)</b>				<b>117 NICKNAME/ALIAS</b>		<b>118 RACE</b> <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		<b>119 SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F	
<b>122 ADDRESS (STREET, CITY, STATE, ZIP)</b>				<b>123 HGT</b>		<b>124 WGT</b>		<b>125 EYE</b>	
<b>128 PROBABLE DESTINATION</b>				<b>129 ARMED</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK.		<b>130 WEAPON</b>			
<b>131 CLOTHING</b>				<input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS		<b>132 WEAPON</b> <input type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED			
<b>133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB</b>		<b>134 ADDRESS (STREET, CITY, STATE, ZIP)</b>		<b>135 RES. PHONE</b>		<b>136 BUS. PHONE</b>			
#1		#2		#3		#4			
SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I			
M D Y		M D Y		M D Y		M D Y			
WITNESS #1 SSN		WITNESS #2 SSN		WITNESS #3 SSN		WITNESS #4 SSN			
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">WITNESS</div> <div> <p>On the date and time listed, the defendant attempted to cause serious physical injury to the victim.</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NARRATIVE</div> <div> <p>Continued on Supplement <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>ASSISTING AGENCY ORI: ASSISTING AGENCY CASE #: SFX:</p> </div> </div>									
<p>I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.</p> <p>SIGNATURE: _____</p>									
<b>147 CASE STATUS</b> <input type="checkbox"/> PENDING <input type="checkbox"/> INACTIVE <input checked="" type="checkbox"/> CLOSED		<b>148 CASE DISPOSITION</b> <input type="checkbox"/> CLEARED BY ARREST (JUV.) <input checked="" type="checkbox"/> CLEARED BY ARREST (ADULT) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADM. CLEARED		<input type="checkbox"/> EXCEPTIONAL CLEARANCE <input type="checkbox"/> SUSPECT/OFFENDER DEAD <input type="checkbox"/> OTHER PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> LACK OF PROSECUTION <input type="checkbox"/> JUVENILE, NO REFERRAL <input type="checkbox"/> DEATH OF VICTIM		<b>149 REPORTING OFFICER</b> CPL M.D. Hall ID # 413		<b>150 ASSISTING OFFICER</b> ID #	
<b>151 SUPERVISOR APPROVAL</b> ID #		<b>152 WATCH CMDR.</b> ID #		<b>145 SFX</b>		<b>146 ADDITIONAL CASES CLOSED NARRATIVE</b> <input type="checkbox"/> Y <input type="checkbox"/> N			

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

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Case 2005-cv-00644-CSC Document 24-2  
 80327300016 WERMUTH, ROBERT A  
 DOB: 09/13/70 Age: 33Y MR #: 544158  
 Admit Date/Time: 09/30/03 0502A  
 916 SHAW, RONALD A

Document 24-2

Filed 10/19/2005 Page 4 of 22

Page 1 of 1



**Baptist Health**  
**Emergency Room**  
**Discharge Instructions**

**DISCHARGE INSTRUCTIONS - MEDICAL CHART**

Weight	Phone	Allergies	Location South
<b>MEDICINES PRESCRIBED</b>		If non, check this box: <input type="checkbox"/>	<b>VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.</b>

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. Keflex 500 - 1140 TID x 10 days			<input checked="" type="checkbox"/>	
2. Tylenol 325 - 1074 BID x 10 days			<input checked="" type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

**INSTRUCTION SHEET(S) GIVEN**

- |   |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Threatened Ab       | Return for signs of infection<br>> Redness<br>> Swelling<br>> Drainage<br>> Heat |
| <input type="checkbox"/> Back Pain          | <input type="checkbox"/> Fever    | <input type="checkbox"/> Otitis Media      | <input type="checkbox"/> Vomiting / Diarrhea |  |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care          |  |
|   |                                   | <input type="checkbox"/> STD               | <input type="checkbox"/> Other(s)            |  |

Additional Instructions:

- (1) follow wound care instructions  
 (2) wound check in 3 days  
 (3) take medicine as directed  
 (4) suture removal in 7 days

Referred to:

☒ Dr. your doctor in ER

Phone: \_\_\_\_\_

☒ Call on next business day for follow-up appointment

in 2 days / weeks

☐ next available

☐ Return to Emergency Dept. in \_\_\_\_\_ hours / days for recheck

☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.

☐ Learning needs assessed ☐ Instructions Modified: \_\_\_\_\_

☒ Education provided on new medication keflex, tylenol

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☒ Patient  
☐ Relative  
☐ Other

Instructed By:

S.W. Horn  
[Signature]

Physician:

[Signature]

Time Released > 0555 Hrs.

**WORK/ SCHOOL STATEMENT from the Emergency Department**

Patient Name	Date
--------------	------

- |  |  |
|--|--|
| <input type="checkbox"/> Patient was seen by Dr.   | <input type="checkbox"/> May return to restricted duties for _____ days* |
| <input type="checkbox"/> No athletics / physical education: _____ days*  | Restrictions: _____  |
| <input type="checkbox"/> May return to work / school without restrictions  |  |
| <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days*                          | <input type="checkbox"/> _____ was here with relative/ child.            |
| <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work. | <input type="checkbox"/> Other: _____                                    |

Time off from School or Work longer than 3 days should be approved by a Personal or Company/ Occupational Medicine Physician, unless otherwise stated.

BSB-0082 (06/02)

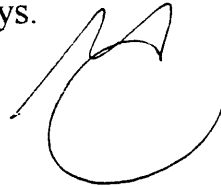
ROBERT A. WERMUTH  
DOB: 09/13/70

09/30/03: City: Incarcerated this a.m. Apparently he was involved in an altercation with the police and was bitten by the police dogs.

PE: He has multiple bites on the right upper extremity, some on his scalp. He was seen in the ER where he was evaluated. He was prescribed KEFLEX and LORCET, which we will start. Patient has no evidence of infection. He has full ROM of the right upper extremity.

A: and P:

1. Follow up dog bites. Proceed with medications as mentioned above.
2. Also patient is an IDDM and has not had his injection last night. Blood sugars are 435. Start NOVOLIN 70/30 30-units a.m. and 20-units p.m. He will check his blood sugars twice daily.
3. Patient also has a neuropathy. He takes ELAVIL 50 mg a.m. and p.m. We will continue that x 30 days.

A handwritten signature, likely of a medical professional, consisting of a stylized 'R' and 'A' followed by a large loop.





DATE: 9/30/2003

YOUR DIAGNOSIS / CARE NOTES

- 1.) Right Arm Fracture
- 2.) Right Elbow Fracture
- 3.) Internal Hemorrhage Right Elbow

Treatment Rendered:

- ☒ X-Ray ☐ EKG ☐ Medication ☐ Tetanus  
☐ Sutured ☐ Lab Test ☒ Exam ☐ Hypertet

- ☐ You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

☐ NO DRIVING TODAY

- ☐ You were given a prescription for an antibiotic. You are to take it until gone unless otherwise instructed. Continue taking even if symptoms disappear.

- ☐ If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your Primary care doctor for final interpretation.

Specific Instructions:

Normal care

Strong Right upper extremity

Free 10 days

Back to the ER for increased

pain signs of infection or any abnormal  
MD

Discharge Physician

Follow-up with

- ☐ Your Doctor: \_\_\_\_\_  
☐ Return to Jackson ER on \_\_\_\_\_

We Are Referring You To:

Dr. Walsh Call 274-9000  
for an appointment on \_\_\_\_\_

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By:

J. James C. Welch  
relationship to patient Self

- ☒ Voiced understanding of instructions

Patient Left:

- ☒ Ambulatory ☐ Crutches ☐ Stretcher  
☐ Wheelchair ☐ With Driver ☐ Carried

[Signature] RN  
Discharge Nurse

Certificate for Return  
to Work or School

Jackson Hospit:  
Emergency Departme

ACCOUNT# [REDACTED] M/R # 1B-57-40

WELCH, JAMES C

SEX - M BORN [REDACTED] F/C B ED

LAMSENS, STEPHEN D. ROOM [REDACTED]

☐ NA

Has been under my care on 9/30/2003 and is able to  
return to work / School on 10/01/2003. The Patient's work  
limitations are: no driving, no use of arm

[Signature]  
Discharge Physician

MRUN=18-57-40

Name=WELCH, JAMES C

DOB=[REDACTED] Sex=M

Loc/Svc=/OPS

Admit Date=07/06/2004

Discharge Date=07/06/2004

FINAL REPORT

REPORT OF OPERATION

DVI #184516

Bytescribe #0707-038

DATE OF OPERATION: July 6, 2004

PREOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

POSTOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

PROCEDURE: Right wrist ulnar nerve release at Guyon canal.

SURGEON: Dr. Walcott

ASSISTANT: Douglas J. Neil, Tech.

ANESTHESIA: Left axillary block.

COMPLICATIONS: None noted.

TOURNIQUET TIME: 19 minutes.

INDICATIONS: Mr. Welch fell on his right upper extremity about 9 months ago, landing on the palm of his hand and his wrist. He had pain, swelling and radial head fracture treated nonoperatively. He has developed progressive numbness of his small and ring fingers. He had a nerve conduction study that showed ulnar neuropathy at the wrist. He understood the risks, benefits, alternatives, diagnosis, treatment options, and after observing it for 9 months requested surgical treatment.

DESCRIPTION OF PROCEDURE: The patient was given IV antibiotics and axillary block in the holding area, placed in supine position with a tourniquet over stockinette on the upper arm. The arm was then prepped and draped under my supervision. Then elevated the arm, esmarched it, inflated the tourniquet to 220 mmHg and made an incision on the volar ulnar side of his wrist, about 3 to 4 cm in length and dissected down to Guyon canal and released the Guyon canal, visualizing the ulnar nerve and artery. There were no masses. The nerve was intact. After it was freed proximally and distally, I held pressure and deflated the tourniquet after 19 minutes and made sure there was no bleeding from any branches of the ulnar artery. Then closed the wound with near-far, far-near 4-0 nylon suture and simple nylon sutures and dressed the wound with Xeroform, 4 x 4's, ABDs, cast padding, and a small volar splint and



MRUN=18-57-40

Name=WELCH, JAMES C

Sex=M

Loc/Svc=/OPS

FINAL REPORT

REPORT OF OPERATION

Admit Date=07/06/2004

Discharge Date=07/06/2004

=====

took him to the recovery room in stable condition with no apparent complications. Excellent capillary refill in all digits.

=====

Dictated By=WALCOTT, GEORGE D. JR. (MD)

D/T=07/06/2004 1254

Text Status=FINAL

D/T=

Signed By=

WALCOTT, GEORGE D. JR. (MD)

D/T=07/07/2004 0650

Transcribed By=TANKERSLEY, DIANE

LABAMA ORTHOPAEDIC SPE ALISTS, P.A.  
MEDICAL RECORDS HISTORY  
PATIENT: 111245 JAMES C WELCH  
PRINTED 15:37:04 25 JUN 2004  
PAGE 1

PROCESSED

06232004 Current Visit Dr 10 Recorded: 06252004 by 32 MWG AR EAW  
HISTORY OF PRESENT ILLNESS: Followup for his radial head  
fracture which is doing pretty well, but now, he has some  
progressive numbness in his small finger and ring finger. It has  
been going on since his injury, and he just thinks it is  
definitely getting worse instead of better. It has now been  
probably approaching 9 months since his injury. He has use of  
the arm, but he notices that his fingers feel like they want to  
curl up and he has a lot of weakness in the hand.

PHYSICAL EXAM: Today, he is nontender at his radial head. He is  
mildly tender at his ulnar nerve and has a positive Tinel's  
there. It does not subluxate. He is mildly tender at his medial  
epicondyle. No gross instability on valgus stress. Full  
pronation and full supination. Full range of motion of the  
elbow. Distally, he has 5- to 4+ finger abduction and finger  
cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like  
still a visible radial head fracture with about 1 mm or less of  
displacement and acceptable alignment. It looks to be healing  
well. He has mild arthrosis in the elbow and no other  
abnormality.

IMPRESSION: Right radial head fracture 9 months out now with  
progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If  
he has significant ulnar nerve compression possibly as a result  
of a traction injury or his soft tissue edema after his elbow  
fracture then he might need to have ulnar nerve decompression or  
transposition. We will see him back as soon as we get the test  
done. He can continue normal activities for right now.

GDW/lg 06-24-04

CC: Worker's Comp Carrier

Dr. Michael Turner \_ Thank You

James Welch

James Welch, Gender: M, [REDACTED] Encounter Date and Time: 6/21/2004 07:46AM, Examiner: Michael C. Turner,  
Do

PROCESSED

#### Chief complaint

The Chief Complaint is: Elbow pain/jep.

#### History of present illness

- Elbow joint pain and elbow joint pain.
- A burning sensation and a burning sensation.

#### Past medical/surgical history

##### Reported History:

Reported medications: Antibiotic from his dermatologist A recent immunization for tetanus - 1/01/2001.

Medical: No reported medical history.

Physical trauma: Physical trauma - 9/30/2003 Pt states that he was injured w/ trying to to a car and fell on his rt elbow breaking the head of his radius. Pt was treated by Dr. Walcott w/ a sleeve and braces for about 1 month. Pt was released back to full duty but is in today c/o of pain in the same elbow. Pt states that now when he supinates his rt hand he has a shooting pain that shoots up his arm. Pt states that with in the past 2 months he has started having numbness in his 3rd-5th digits on his rt hand. Pt states that it is a constant numbness in his fingers. Pt states that he was trying tuff it out but the pain has gotten to back. Pt states that there is nothing he can due to help relieve his pain or sx. Pt has been taking Tylenol for his pain.

Surgical / procedural: Surgical / procedural history [REDACTED]  
[REDACTED]

#### Personal history

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

#### Physical findings

##### Vital signs:

- Weight was 231 lbs.

Patient has pain with supination of the arm. He states he has numbness to the 4th and 5th digits of the hand now and he is losing his strength.

#### Allergies

No allergies.

#### Plan

Patient is sent back to Dr. Walcott for further evaluation of this elbow which was fractured and is now experiencing parasthesias.

NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.  
P. Caudill Miller, M.D. • Ben C. Wouters, M.D., Ph.D. • Larry W. Epperson, M.D.  
Electrodiagnostic Laboratory  
1722 Pine Street, Suite 700 • Montgomery, Alabama 36106  
Phone (334)834-1300 • Fax (334)834-8347

NAME: WELCH, JAMES [REDACTED] REQUESTING PHYSICIAN: WALCOTT

AGE: 32 SEX: MALE DATE OF EMG: 6/24/04

PHYSICIAN: EPPERSON HOSPITAL MEDICAL RECORD NO:

CLINICAL:

NAME OF TEST: ☐ Nerve conduction velocity ☐ Needle EMG study ☐ Others (specify)

### REPORT OF ELECTRODIAGNOSTIC STUDY

#### Summary of Findings\*:

#### CLINICAL NOTE:

Patient is a 32-year-old white male who complains with numbness of his right hand and has history of fracture of his right radius in the past.

#### NCV:

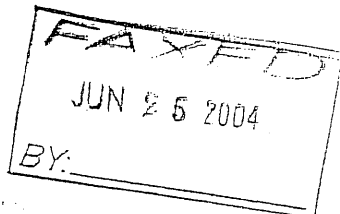
1. Slow finger to wrist segment of the right ulnar sensory nerve.
2. Prolonged terminal latency of the right ulnar motor nerve.
3. Normal NCV's of all motor segments tested of the right upper extremity.

#### EMG:

1. Normal needle EMG's of all muscles tested in the right upper extremity.

There is electrophysiological evidence of a mild distal ulnar neuropathy at the right wrist. There is no evidence of an entrapment neuropathy otherwise in the right upper extremity. There is no electrophysiological evidence of a cervical radiculopathy in the right upper extremity.

LWE/rie



Signature

ABBREVIATIONS: NCV: Nerve conduction velocity  
MUP: Motor unit potentials

\*See attached page for detailed analysis  
PDM-003 (7/97)

LABAMA ORTHOPAEDIC SPF ALISTS, P.A.  
EDICAL RECORDS HISTORY  
PATIENT: 111245 JAMES C WELCH  
PRINTED 14:40:41 02 JUL 2004  
AGE 1

PROCESSED

6302004 Current Visit Dr 10 Recorded: 07012004 by 40 MWS.AR EAW  
HISTORY OF PRESENT ILLNESS: He is here for followup for his  
numbness in the small and ring fingers. He says it has not  
really changed. He had the nerve test and the results from his  
EMG/nerve conduction study on 6-24-04 show mild distal ulnar  
neuropathy at the right wrist. No evidence of entrapment  
neuropathy otherwise at the elbow and no cervical radiculopathy.

PHYSICAL EXAM: He is mildly tender at the Guyon\_s canal and  
mildly tender at the elbow.

IMPRESSION: Right ulnar neuropathy at the wrist for just over 6  
months after trauma to his right upper extremity with a fall on  
his right upper extremity that resulted in a radial head  
fracture.

PLAN: Right now, he feels like he has waited a long time to see  
if it would get better. He has been taking B vitamins and  
nothing seems to help it. It is a thing that he is aware of it  
all the time. I have told him his options are living it for  
awhile and see if it gets worse or contemplating surgery which  
would be an ulnar nerve release at Guyon\_s canal. It would be an  
outpatient surgery. The main risks would be infection and nerve  
injury. He would have to have sutures in for about 2 weeks and  
would have to be on light duty with a splint or dressing on his  
hand for the first 2 weeks and then possibly light duty for a  
week or two after that until the wound is fully healed. We will  
try to set that up next week probably on Tuesday afternoon. I  
think that this is related to his injury where he fell on his  
right upper extremity with enough force to break his radial head.  
It could have been local trauma to the palm of his hand at the  
time. Since that fall was a severe enough injury with being  
dragged by a car and falling hard enough to break his elbow, I  
think it is likely that it was a localized contusion that caused  
swelling at the wrist.

GDW/lg 07-01-04

CC: Worker\_s Comp Carrier



WELCH, JAMES C.

111245

07-20-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Right hand Guyon's canal release. He says it still has no numbness in his fingers and it feels much better.

PHYSICAL EXAM: He has full range of motion and normal function and neurovascular exam. Minimal swelling. I removed the stitches today. The wound looks good. No sign of infection.

IMPRESSION: Doing well.

PLAN: He wants to go back to regular duty. I have said it is okay to go back on Friday for regular duty. He is still going to avoid putting direct pressure on the hand if he can. Right now, he has normal range of motion and normal strength. I will see him back for any problems. He should report any kind of significant problems he is having with it over the next couple of months and let me know. Based on today's exam, he has normal strength and normal range of motion. I anticipate he will have no permanent partial impairment and is approaching MMI.

GDW/lg 07-20-04

CC: Worker's Comp Carrier

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File  
WELCH, JAMES S.

111245

06-23-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Followup for his radial head fracture which is doing pretty well, but now, he has some progressive numbness in his small finger and ring finger. It has been going on since his injury, and he just thinks it is definitely getting worse instead of better. It has now been probably approaching 9 months since his injury. He has use of the arm, but he notices that his fingers feel like they want to curl up and he has a lot of weakness in the hand.

PHYSICAL EXAM: Today, he is nontender at his radial head. He is mildly tender at his ulnar nerve and has a positive Tinel's there. It does not subluxate. He is mildly tender at his medial epicondyle. No gross instability on valgus stress. Full pronation and full supination. Full range of motion of the elbow. Distally, he has 5- to 4+ finger abduction and finger cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like still a visible radial head fracture with about 1 mm or less of displacement and acceptable alignment. It looks to be healing well. He has mild arthrosis in the elbow and no other abnormality.

IMPRESSION: Right radial head fracture 9 months out now with progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If he has significant ulnar nerve compression possibly as a result of a traction injury or his soft tissue edema after his elbow fracture then he might need to have ulnar nerve decompression or transposition. We will see him back as soon as we get the test done. He can continue normal activities for right now.

GDW/lg 06-24-04

CC: Worker's Comp Carrier

Dr. Michael Turner - Thank You

WELCH, JAMES C.

111245

07-13-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Followup for Guyon's canal release at the right wrist.

PHYSICAL EXAM: He looks good. The wound looks good. No sign of infection. He is neurovascularly intact with his ulnar nerve. He has good finger cross.

IMPRESSION: Doing well.

PLAN: We are going to leave the stitches in today and put a soft dressing on it and tell him to still stay at light-duty status that he is currently on with no heavy lifting with the right hand. I will see him back in a week. If the wound looks good then, I will take his stitches out.

GDW/lg 07-14-04

CC: Worker's Comp Carrier

WELCH, JAMES C.

111245

10-28-03

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head fracture nondisplaced. He says he feels well enough to go back to normal duty now. He says it is not really painful. He can do push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate 80 and pronate 80. Neurovascularly intact distally. Nontender at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic apparently and I cannot elicit any tenderness, and he has normal range of motion and can do push-ups. I told him it is okay to go back to regular duty, although if he has pain that he thinks would limit him from doing his normal activities, I would be worried about him doing his particular job. He thinks he is okay. We will let him go back to regular duty and see him back for a final followup in 1 month with repeat AP and lateral x-rays of the right elbow to make sure he has normal motion and strength and that he does not have any significant impairment rating.

GDW/lg 10-29-03

CC: Worker's Comp Carrier

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RECEIVED

OCT 31 2003

CITY OF MONTGOMERY  
WORKERS COMP.

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.  
MEDICAL RECORDS HISTORY  
PATIENT: 111245 JAMES C WELCH  
PRINTED 09:41:55 30 OCT 2003  
PAGE 1

PROCESSED

0282003 Current Visit Dr 10 Recorded: 10292003 by 28 MWS.AR EAW  
HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head  
fracture nondisplaced. He says he feels well enough to go back  
to normal duty now. He says it is not really painful. He can do  
push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate  
30 and pronate 80. Neurovascularly intact distally. Nontender  
at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head  
fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic  
apparently and I cannot elicit any tenderness, and he has normal  
range of motion and can do push-ups. I told him it is okay to go  
back to regular duty, although if he has pain that he thinks  
would limit him from doing his normal activities, I would be  
worried about him doing his particular job. He thinks he is  
okay. We will let him go back to regular duty and see him back  
for a final followup in 1 month with repeat AP and lateral x-rays  
of the right elbow to make sure he has normal motion and strength  
and that he does not have any significant impairment rating.  
GDW/lg 10-29-03  
CC: Worker\_s Comp Carrier



ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.  
MEDICAL RECORDS HISTORY  
PATIENT: 111245 JAMES C WELCH  
PRINTED 16:25:58 16 OCT 2003  
PAGE 1

PROCESSED

0142003 Current Visit Dr 10 Recorded: 10152003 by 15 MWS.AR EAW  
HISTORY OF PRESENT ILLNESS: Followup for a radial head fracture  
weeks out now in this police officer.

PHYSICAL EXAM: He looks a lot better. He has less tenderness at  
the lateral elbow and less tenderness at the medial elbow. He  
has some pain that goes down to his wrist. He is neurovascularly  
intact distally at the wrist. No instability noted at the wrist.  
For his motion today, he can extend it to 5 degrees and flex it  
to 135 and pronate 80 and supinate 80.

X-RAYS: Five views of the elbow show a nondisplaced radial head  
fracture that is more clearly delineated today. There also might  
be a small avulsion off the medial side of his elbow, but it is  
nondisplaced.

IMPRESSION: Right elbow radial head fracture.

PLAN: I told him I would free this brace up so it will bend and  
straighten completely and let him go to full range of motion. I  
would not do any lifting with it yet. I would reexamine him in 2  
weeks and can re-x-ray him then, AP and lateral of his right  
elbow. If everything looks good then, we will talk about  
increasing his work status. For right now, he would still need  
to be a light duty type of job.

GDW/lg 10-15-03

CC: Worker\_s Comp Carrier

LABAMA ORTHOPAEDIC SPECIALISTS, P.A.  
MEDICAL RECORDS HISTORY  
PATIENT: 111245 JAMES C WELCH [REDACTED]  
PRINTED 13:58:18 02 OCT 2003  
PAGE 1

09302003 Current Visit Dr 10 Recorded: 10012003 by 28 MWS.AR EAW  
HISTORY OF PRESENT ILLNESS: He has an injury to his right elbow.  
He is a police officer in Montgomery who injured his right elbow  
earlier today. He was trying to stop a suspect in a stolen  
vehicle and he had the person and they took off and they dragged  
him some. He landed on his right arm and elbow. He had pain and  
was seen in the emergency room this morning at Jackson Hospital  
for x-rays. They told him he might have a fracture but they were  
not sure. He is here for evaluation. No other major injuries  
reported to me right now. His medical doctor is Dr. Eric Graves.  
He is referred by Dr. [REDACTED] from the emergency room.

ALLERGIES: None.

MEDICATIONS: None.

PAST SURGICAL HISTORY: [REDACTED]

FAMILY HISTORY: [REDACTED]

PAST MEDICAL HISTORY: Negative.

PHYSICAL EXAM: Right elbow: He has abrasions over the right  
lateral part of his elbow. No open wounds that would be  
penetrating the skin. He is neurovascularly intact distally. He  
has a 2+ radial pulse. Intact anterior interosseous, posterior  
interosseous, median, and ulnar nerve function at the hand. He  
is very tender at his radial head. He can flex it to about 100  
but it is painful. He can extend it to 45 but it is painful. He  
can pronate 80 and supinate 80 but those are all painful. It is  
most painful at his lateral elbow.

X-RAYS: Limited views in AP, lateral, and some obliques show a  
nondisplaced radial head involving about one-third or less of the  
articular surface.

IMPRESSION: Nondisplaced radial head fracture.

PLAN: Because of his pain, I would immobilize him for about a  
week in a long arm posterior splint for comfort. I will see him  
back in a week, reexamine him, get repeat AP, lateral, and  
radiocapitellar views of the elbow to make sure the fracture is  
still well lined up, and then just get him an Ace wrap bandage  
and let him start moving it some. For work right now, he has to  
be light duty like desk job duty. He cannot use his right arm  
for anything other than holding a pen if that is possible. It is  
probably going to take 6 or 8 weeks minimum for the fracture to  
heal. He understands that plan.

GDW/lg 10-01-03

CC: Worker's Comp Carrier

LABAMA ORTHOPAEDIC SPECIALISTS, P.A.

EDICAL RECORDS HISTORY

PATIENT: 111245 JAMES C WELCH [REDACTED]

PRINTED 10:26:18 09 OCT 2003

PAGE 1

10072003 Current Visit Dr 10 Recorded: 10082003 by 20 MWS.AR EAW  
HISTORY OF PRESENT ILLNESS: He has the right elbow injury and  
radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is  
comfortable today. He is neurovascularly intact. He goes from  
70 degrees to flexing it to 125. He can pronate 80 and supinate  
80, but it is painful at extremes. He is neurovascularly intact.  
He is tender laterally at his radial head and somewhat up at his  
capitellum area. There is no crepitus that I can feel and no  
block to mechanical motion that I can appreciate.

X-RAYS: AP and lateral show a nondisplaced radial head fracture.  
There is a questionable small irregularity that could be at the  
end of his humerus, but I do not see any obvious capitellum  
fracture.

IMPRESSION: Radial head fracture.

PLAN: I would continue to treat him nonoperatively for the  
radial head fracture that is nondisplaced with getting him a  
hinged elbow brace right now that will block his extension at  
about 60 degrees and let him take it off and work on range of  
motion frequently. He will still have to be light duty,  
sedentary type of work. I will see him back in a week and check  
one more set of x-rays, AP, lateral, and try to get an oblique  
view of his radiocapitellar joint when he comes back. If that  
looks normal then we will just increase his range of motion.

GDW/lg 10-08-03

CC: Worker\_s Comp Carrier

WELCH, JAMES C.

111245

10-07-03

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: He has the right elbow injury and radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is comfortable today. He is neurovascularly intact. He goes from 70 degrees to flexing it to 125. He can pronate 80 and supinate 80, but it is painful at extremes. He is neurovascularly intact. He is tender laterally at his radial head and somewhat up at his capitellum area. There is no crepitus that I can feel and no block to mechanical motion that I can appreciate.

X-RAYS: AP and lateral show a nondisplaced radial head fracture. There is a questionable small irregularity that could be at the end of his humerus, but I do not see any obvious capitellum fracture.

IMPRESSION: Radial head fracture.

PLAN: I would continue to treat him nonoperatively for the radial head fracture that is nondisplaced with getting him a hinged elbow brace right now that will block his extension at about 60 degrees and let him take it off and work on range of motion frequently. He will still have to be light duty, sedentary type of work. I will see him back in a week and check one more set of x-rays, AP, lateral, and try to get an oblique view of his radiocapitellar joint when he comes back. If that looks normal then we will just increase his range of motion.

GDW/lg 10-08-03

CC: Worker's Comp Carrier

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